## **Amendments to the Specification**

Please amend the paragraph spanning pages 4 and 5 as follows:

Recordings of the natural or artificial joint and/or of body structures adjacent to the joint can be used to determine the aperture angle or spatial angle of a joint, wherein nuclear spin resonance (MR) methods, computer tomography (CT) methods, ultrasound methods or other suitable methods can be used. The recorded body structures can be sub-divided into individual elements, for example, using known segmentation or separating methods. In this way, the borders of adjacent structures can be obtained from the recorded data, in order to have data for calculating the aperture angle from positional data of the body structures or for calculating an optimum position for a joint to be implanted. In general, bone structures are detected in an image data set in a way that is substantially dependent on how the patient is positioned or lying at the time the image data are detected. There are rough instructions for radiology and for the patient with respect to a desired position for recording the image data set. However, the variable positions of the individual bone structures must can be virtually moved to an initial position or neutral position to be defined, to provide a precise basis for comparison, which also enables comparison between a number of patients.

Please amend the paragraph spanning pages 9 and 10 as follows:

As described above, recordings of the natural or artificial joint and/or of body structures adjacent to the joint can be used to determine the aperture angle or spatial angle of a joint, wherein nuclear spin resonance (MR) methods, computer tomography (CT) methods, ultrasound methods or other suitable methods can be used. The recorded body structures can be sub-divided into individual elements, for example, using known segmentation or separating methods. In this way, the borders of adjacent structures can be obtained from the recorded data, in order to have data for calculating the aperture angle from positional data of the body structures or for calculating an optimum position for a joint to be implanted. In general, bone structures are detected in an image data set in a way that is substantially dependent on how the patient is positioned or lying at the time the image data are detected. There are rough

instructions for radiology and for the patient with respect to a desired position for recording the image data set. However, the variable positions of the individual bone structures must can be virtually moved to an initial position or neutral position to be defined, to provide a precise basis for comparison, which also enables comparison between a number of patients.